

DEC 08 2005

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TO: Examiner A. J. Weier - United States Patent and Trademark Office

Fax No. 571-273-8300

Phone No. 571-272-1409

FROM: Brahm J. Corstanje, Esq. Reg. No. 34,804

Fax No. 513-627-8118

Phone No. 513-634-7533

Application No.: 09/638,570

Inventor(s): Gutwein *et al.*

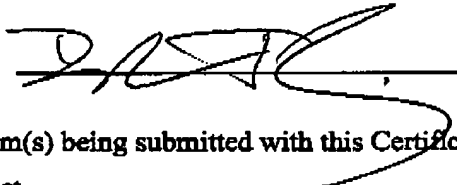
Filed: August 14, 2000

Docket No.: 7721M

Confirmation No.: 9947

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Number of Pages Including this Page: 10

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(FAX-USPTO.doc Revised 11/18/2005)

FEE TRANSMITTAL for FY 2005 Patent fees are subject to annual revision. Effective December 8, 2004	Complete If Known	
	Application Number	09/638,570
	Confirmation Number	9947
	Filing Date	August 14, 2000
	First Named Inventor	Gutwein et al.
	Examiner Name	A. J. Weier
	Art Unit	1761
TOTAL AMOUNT OF PAYMENT (\$)	130.00	Attorney Docket No. 7721M

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METHOD OF PAYMENT		FEE CALCULATION (continued)																															
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company		5. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Description</th><th>Fee Paid</th></tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td><td>(\$120) <input type="checkbox"/></td></tr> <tr> <td>Extension for reply within 2nd month</td><td>(\$450) <input type="checkbox"/></td></tr> <tr> <td>Extension for reply within 3rd month</td><td>(\$1,020) <input type="checkbox"/></td></tr> <tr> <td>Extension for reply within 4th month</td><td>(\$1,590) <input type="checkbox"/></td></tr> <tr> <td>Extension for reply within 5th month</td><td>(\$2,160) <input type="checkbox"/></td></tr> <tr> <td>Information Disclosure Statement fee</td><td>(\$180) <input type="checkbox"/></td></tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td><td>(\$130) <input type="checkbox"/></td></tr> <tr> <td>37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet</td><td>(\$50) <input type="checkbox"/></td></tr> <tr> <td>Non-English specification</td><td>(\$130) <input type="checkbox"/></td></tr> <tr> <td>Notice of Appeal</td><td>(\$500) <input type="checkbox"/></td></tr> <tr> <td>Filing a brief in support of an appeal</td><td>(\$500) <input type="checkbox"/></td></tr> <tr> <td>Request for oral hearing</td><td>(\$1,000) <input type="checkbox"/></td></tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td>(\$1,370) <input type="checkbox"/></td></tr> <tr> <td>Other: Fee for Terminal Disclaimer</td><td>[130]</td></tr> </tbody> </table>		Fee Description	Fee Paid	Extension for reply within 1 st month	(\$120) <input type="checkbox"/>	Extension for reply within 2 nd month	(\$450) <input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,020) <input type="checkbox"/>	Extension for reply within 4 th month	(\$1,590) <input type="checkbox"/>	Extension for reply within 5 th month	(\$2,160) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$500) <input type="checkbox"/>	Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>	Request for oral hearing	(\$1,000) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>	Other: Fee for Terminal Disclaimer	[130]
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	FILING FEE	SEARCH FEE	EXAMINATION FEE																														
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4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="1"> <thead> <tr> <th></th><th>Extra Claims</th><th>Fee from Below</th><th>Fee Paid</th></tr> </thead> <tbody> <tr> <td>Total Claims</td><td><input type="checkbox"/> - 20** = <input type="checkbox"/> x</td><td><input type="checkbox"/> =</td><td><input type="checkbox"/></td></tr> <tr> <td>Independent Claims</td><td><input type="checkbox"/> - 3** = <input type="checkbox"/> x</td><td><input type="checkbox"/> =</td><td><input type="checkbox"/></td></tr> <tr> <td>Multiple Dependent claims:</td><td></td><td><input type="checkbox"/> =</td><td><input type="checkbox"/></td></tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$)[0]			Extra Claims	Fee from Below	Fee Paid	Total Claims	<input type="checkbox"/> - 20** = <input type="checkbox"/> x	<input type="checkbox"/> =	<input type="checkbox"/>	Independent Claims	<input type="checkbox"/> - 3** = <input type="checkbox"/> x	<input type="checkbox"/> =	<input type="checkbox"/>	Multiple Dependent claims:		<input type="checkbox"/> =	<input type="checkbox"/>	SUBTOTAL(5) (\$) [130]															
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Brahm J. Corstanje	Registration No.	34,804
Signature		(Attorney/Agent)	
		Telephone	(513) 634-7533
		Date	December 8, 2005

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